

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See
Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 280 Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 700 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 590 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 280 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 370 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 20 Feet | Setback to Well | Feet |
| Setback to Drain Field | 30 Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | | |
|---|---|---|---|--|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: 8797-BS89 | # of bedrooms: | Sanitary Date: 1989 | | | |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: 16-0085 | | Permit Date: 5-9-16 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Deed of Record) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Fused/Contiguous Lot(s)) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | Case #: | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Was Parcel Legally Created | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Inspection Record: | | | | | | | |
| Date of Inspection: 5-2-16 | | Inspected by: Stark & Raddy | | Zoning District (F) | | | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.) | | Date of Re-Inspection: | | | | | |
| Signature of Inspector: Stark & Raddy | | Date of Approval: 5-4-16 | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> | | Hold For Fees: <input type="checkbox"/> | |

Bayfield County, WI



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Bayfield Co. Zoning Dept.
MAY 04 2016

| | |
|--------------|---------|
| Permit #: | 16-0087 |
| Date: | 5-12-16 |
| Amount Paid: | \$75 |
| Refund: | 5-12-16 |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | | | | | | |
|--|--|--|-----------------------------------|--|--|--|---------------------------------|--|
| TYPE OF PERMIT REQUESTED → | | <input checked="" type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name: | | Roy J. and Judith A. Wilcox | | Mailing Address: | | 2555 County Hwy N | | Telephone: 715-745-3247 |
| Address of Property: | | 2555 County Hwy N | | City/State/Zip: | | Solon Springs, WI | | Cell Phone: |
| Contractor: | | Town of Barnes | | Contractor Phone: | | Plumber: | | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Agent Phone: | | Agent Mailing Address (include City/State/Zip): | | Written Authorization Attached | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | PIN: (23 digits) 04-004-2-45-09-32-1-02-000-5000 | | Recorded Document: (i.e. Property Ownership) Volume 1144 Page(s) 555 | | |
| M 1/4, M 1/4 | | Gov't Lot | Lot(s) | CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: |
| Section 32, Township 45 N, Range 9 W | | Town of: | | Barnes | | Lot Size 2.49 A | | Acreage |

| | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline: feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | Distance Structure is from Shoreline: feet | | |

| | | | | | | |
|--|---|--|--------------------------------|---|--|--|
| Value at Time of Completion * include donated time & material \$15,000 | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | Specify Type: _____ | <input type="checkbox"/> City |
| <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) | Specify Type: <u>septic</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | | |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> None | <input type="checkbox"/> _____ | <input type="checkbox"/> Portable (w/service contract) | | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> None | | |

| | | | |
|---|------------|-----------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 12 | Width: 12 | Height: 16 |
| Proposed Construction: | Length: 12 | Width: 12 | Height: 16 |

| | | | | |
|---|---|--|---------------|----------------|
| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | with Loft | (X) | |
| <input type="checkbox"/> Residential Use | <input type="checkbox"/> with a Porch | with (2 nd) Porch | (X) | |
| <input type="checkbox"/> Commercial Use | <input type="checkbox"/> with a Deck | with (2 nd) Deck | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> with Attached Garage | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ | <input type="checkbox"/> Mobile Home (manufactured date) _____ | Addition/Alteration (specify) <u>porch</u> | (12' X 12') | 144 |
| <input type="checkbox"/> Accessory Building (specify) _____ | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ | | (X) | |
| <input type="checkbox"/> Rec'd for Issuance | <input type="checkbox"/> Special Use: (explain) _____ | | (X) | |
| <input type="checkbox"/> MAY 12 2016 | <input type="checkbox"/> Conditional Use: (explain) _____ | | (X) | |
| <input type="checkbox"/> Secretarial Staff | <input type="checkbox"/> Other: (explain) _____ | | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): R. Wilcox Judith Wilcox Date: MAY 2016
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 155 Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 155 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 125 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 140 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 205 Feet | Setback to Well | Feet |
| Setback to Drain Field | 205 Feet | | |
| Setback to Privy (Portable, Composting) | 205 Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|--|--|---|--|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: <u>40428</u> | # of bedrooms: | Sanitary Date: <u>6-10-05</u> | |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit #: <u>16-0087</u> | | Permit Date: <u>5-10-16</u> | | | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming | | <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No | Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Case #: | Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Case #: |
| Was Parcel Legally Created Was Proposed Building Site Delineated | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner Was Property Surveyed | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspection Record: <u>OK</u> | | Zoning District (122) Lakes Classification () | | | |
| Date of Inspection: <u>5-2-16</u> | | Inspected by: <u>JP Kelly</u> | | Date of Re-Inspection: | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) | | | | | |
| Signature of Inspector: <u>JP Kelly</u> <u>Must get ADC</u> | | | | | Date of Approval: <u>5/4/16</u> |
| Hold For Sanitary: <input type="checkbox"/> _____ | | Hold For TBA: <input type="checkbox"/> _____ | | Hold For Affidavit: <input type="checkbox"/> _____ | |
| | | | | Hold For Fees: <input type="checkbox"/> _____ | |
| | | | | <input type="checkbox"/> _____ | |

MAP OF SURVEY

LOCATED IN THE NW 1/4 - NE 1/4 OF SECTION 32, T. 45 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN

SURVEYOR'S CERTIFICATE

I, JASON R. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF JEFF AND JUDY WILCOX, I HAVE SURVEYED AND MAPPED A PARCEL OF LAND LOCATED IN THE NW 1/4 - NE 1/4 OF SECTION 32, T. 45 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN;

THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND

THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

JASON R. NELSON
S-3092
ASHLAND
JASON R. NELSON WISCONSIN - 3092
4/13/16
LAND SURVEYOR

PROPERTY DESCRIPTION

A PARCEL OF LAND LOCATED IN THE NW 1/4 - NE 1/4 OF SECTION 32, T. 45 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS:

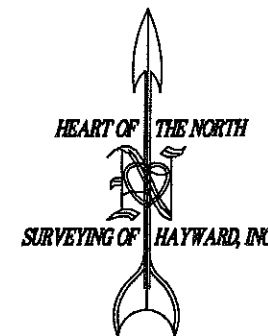
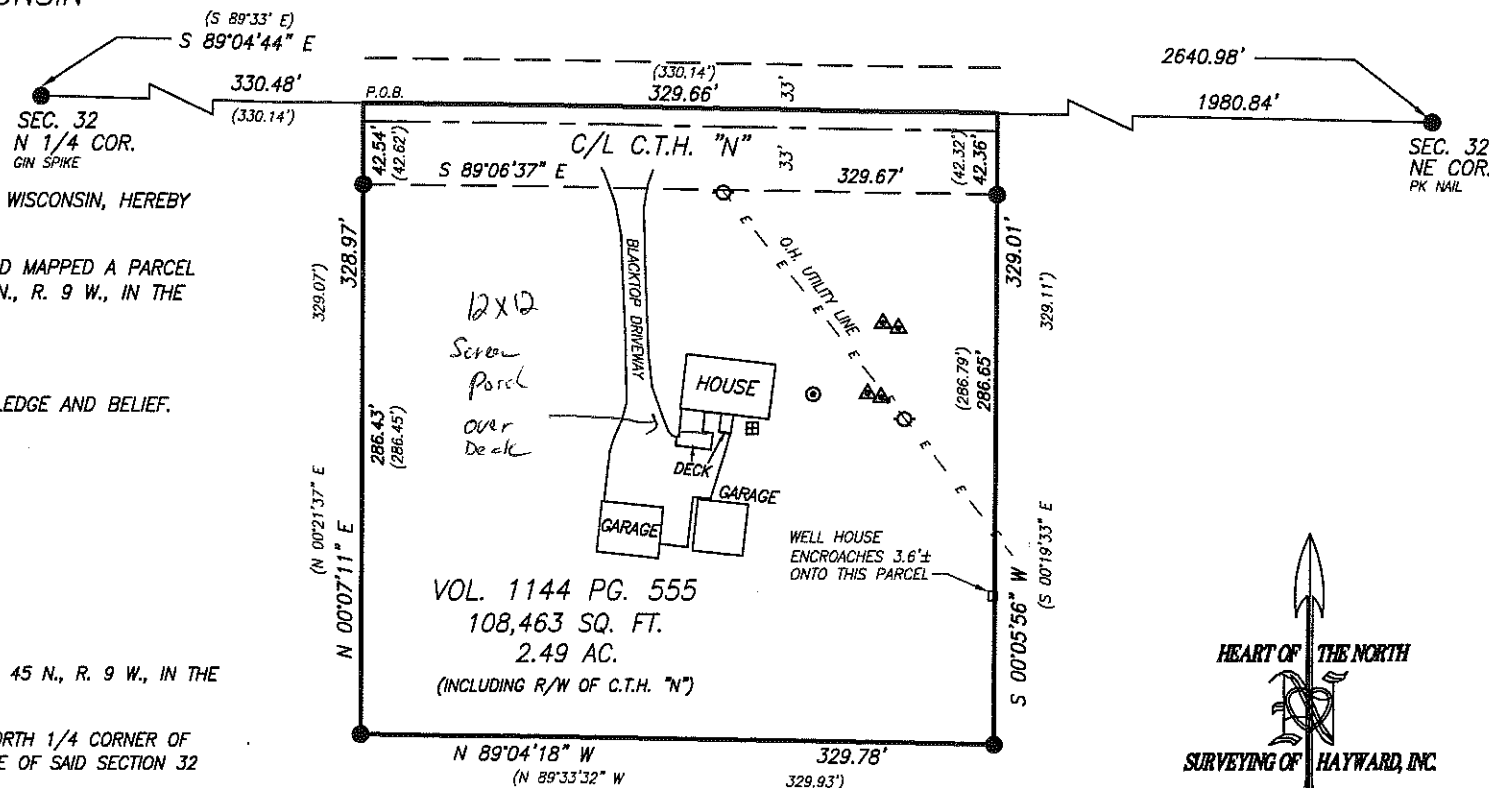
TO LOCATE THE POINT OF BEGINNING, COMMENCE AT A GIN SPIKE AT THE NORTH 1/4 CORNER OF SAID SECTION 32 AND RUN S 89°04'44" E, 330.48 FEET ON THE NORTH LINE OF SAID SECTION 32 TO THE POINT OF BEGINNING;

THENCE FROM SAID POINT OF BEGINNING BY METES AND BOUNDS:

CONTINUE ON SAID NORTH LINE, S 89°04'44" E, 329.66 FEET; THENCE LEAVING SAID NORTH LINE, S 00°05'56" W, 329.01 FEET, PASSING THROUGH A 1-1/4" IRON PIPE ON THE SOUTH RIGHT OF WAY LINE OF C.T.H. "N" AT 42.36 FEET, TO A 1-1/4" IRON PIPE; THENCE N 89°04'18" W, 329.78 FEET TO A 1-1/4" IRON PIPE; THENCE N 00°07'11" E, 328.97 FEET, PASSING THROUGH A 1-1/4" IRON PIPE ON THE SOUTH RIGHT OF WAY LINE OF C.T.H. "N" AT 286.43 FEET, TO THE POINT OF BEGINNING.

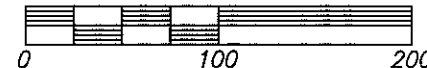
SAID PARCEL CONTAINS 108,463 SQUARE FEET, WHICH IS 2.49 ACRES, INCLUDING THAT LAND LYING IN THE RIGHT OF WAY OF C.T.H. "N";

SAID PARCEL IS SUBJECT TO EASEMENTS, RESTRICTIONS, RESERVATIONS AND RIGHTS OF WAY OF RECORD OR USE, IF ANY.



BEARINGS ARE REFERENCED TO THE NORTH LINE OF THE NE 1/4 OF SEC. 32 ASSUMED TO BEAR S 89°04'44" E

SCALE: ONE INCH = 100 FEET



LEGEND

- FOUND 1-1/4" IRON PIPE, UNLESS NOTED
- () RECORDED DATA - 1989 PLAT OF SURVEY PLS 1029
- WELL

- SEPTIC COVER
- ▲ SEPTIC VENT
- UTILITY POLE

JEFF AND JUDY WILCOX

DRAFTED BY: JRN
JOB NO.: H16/052
DATE: 4/12/16
SCALE: ONE INCH = 100 FEET

FILE: M/T45NR9W
FILE: H16_052
NB. B-25A PG. 105

HEART OF THE NORTH
SURVEYING OF HAYWARD, INC.

10339N DUFFY ROAD
HAYWARD, WI 54843
PH: 715/634-2442
FAX: 715/634-6444
WWW.HONSURVEYING.COM

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
APR 18 2016
Bayfield Co. Zoning Dept

ENTERED
Permit #: 16-0094
Date: 5-13-16
Amount Paid: \$175
Refund: 5-13-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|---|--|---|--|---|--|
| TYPE OF PERMIT REQUESTED → | | <input checked="" type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | |
| Owner's Name: | | Steven Hucovski | | Mailing Address: | | 6316 Blustein Rd S | | City/State/Zip: | | Corcoran WI 55340 | | Telephone: | | | |
| Address of Property: | | 5035 Call Ouellet Rd | | City/State/Zip: | | Barnes WI 54 | | Cell Phone: | | 602-221-6564 | | | | | |
| Contractor: | | Christensen Construction | | Contractor Phone: | | 755-580-0347 | | Plumber: | | | | Plumber Phone: | | | |
| Authorized Agent: (person's signing Application on behalf of Owner(s)) | | | | Agent Phone: | | | | Agent Mailing Address (include City/State/Zip): | | | | Written Authorization Attached | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | PIN: (23 digits) 04-004-2-44-07-02-3 | | CSM | | Vol & Page | | Lot(s) No. | | Block(s) No. | | Subdivision: | |
| 1/4, 1/4 | | Gov't Lot 5 | | | | | | | | 5 | | | | | |
| Section 2, Township 44 N, Range 9 W | | Town of: Barnes | | | | | | | | | | | | Lot Size | |
| <input checked="" type="checkbox"/> Shoreland → | | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? If yes—continue → | | Distance Structure is from Shoreline: 85 feet | | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | | Distance Structure is from Shoreline: feet | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Non-Shoreland | | | | | | | | | | | | | | | |

| | | | | | | |
|--|---|---|--|---------------------------------------|--|--|
| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
| \$20,000 | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Seasonal | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> None | <input type="checkbox"/> | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> None | <input type="checkbox"/> |

| | | | |
|---|---------------|--------------|---------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 48 ft | Width: 50 ft | Height: 15 ft |
| Proposed Construction: | Length: | Width: | Height: |

| | | | |
|---|---|------------|----------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | () X () | |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | () X () | |
| | with Loft | () X () | |
| | with a Porch | () X () | |
| | with (2 nd) Porch | () X () | |
| | with a Deck | () X () | |
| | with (2 nd) Deck | () X () | |
| | with Attached Garage | () X () | |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | () X () | |
| | Mobile Home (manufactured date) | () X () | |
| <input checked="" type="checkbox"/> Municipal Use | <input checked="" type="checkbox"/> Addition/Alteration (specify) Vault Ceiling in Sun Room | () X () | 0 Add |
| | <input type="checkbox"/> Accessory Building (specify) | () X () | |
| | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) | () X () | |
| Rec'd for Issuance | Special Use: (explain) | () X () | |
| MAY 12 2016 | Conditional Use: (explain) | () X () | |
| Secretarial Stamp | Other: (explain) Add Deck to east side of cabin | (24 X 100) | 450 |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
Date: 4-14-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

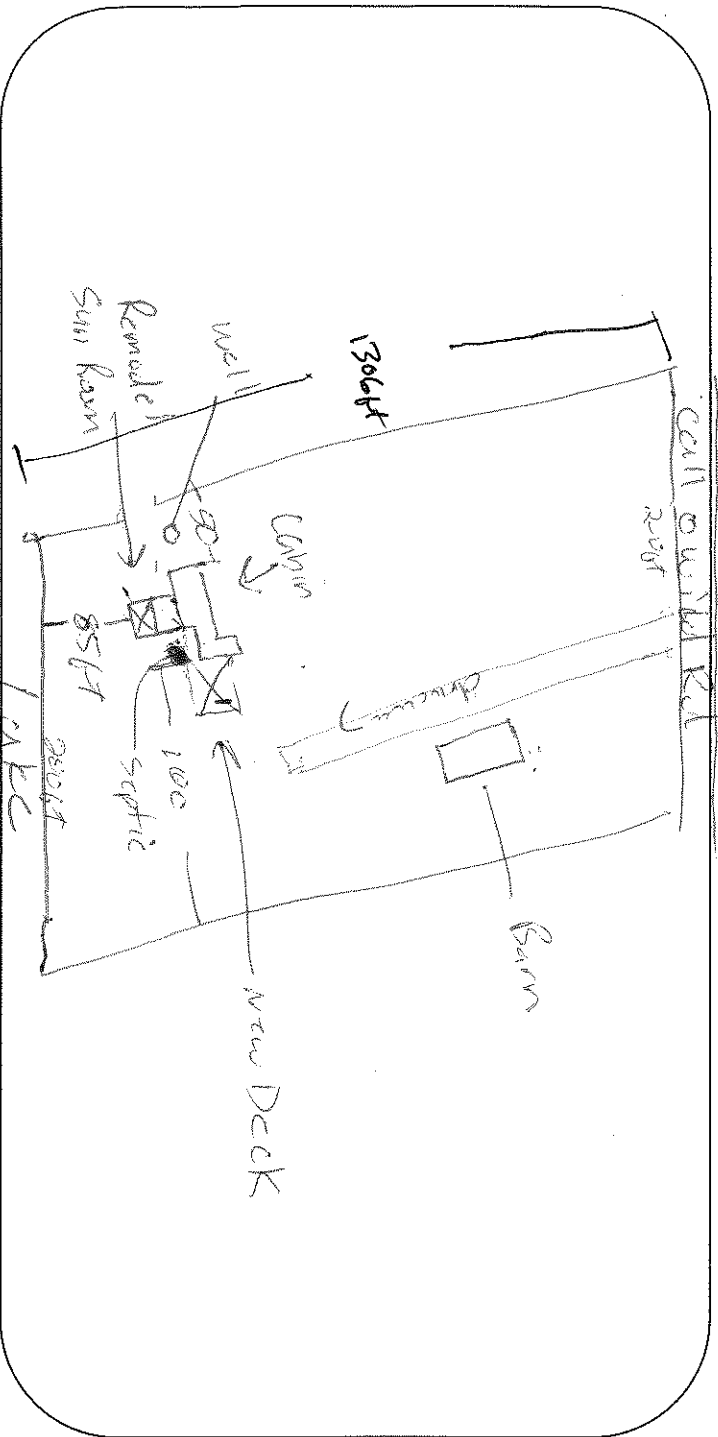
Authorized Agent: [Signature]
Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 6316 Blustein Rd S. Corcoran WI 55340
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Dimensions of Deck? APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|---------------|--|---|
| Setback from the Centerline of Platted Road | 810 4-85 Feet | Setback from the Lake (ordinary high-water mark) | 84 85 Feet |
| Setback from the Established Right-of-Way | | Setback from the River, Stream, Creek | |
| | | Setback from the Bank or Bluff | |
| Setback from the North Lot Line | 806 4-75 Feet | Setback from Wetland | |
| Setback from the South Lot Line | 84 85 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No Feet |
| Setback from the West Lot Line | 30 40 Feet | Elevation of Floodplain | |
| Setback from the East Lot Line | 130 40 Feet | | |
| Setback to Septic Tank or Holding Tank | 6 40 Feet | Setback to Well | 15 85 Feet |
| Setback to Drain Field | 30 Feet | | |
| Setback to Privy (Portable, Composting) | | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|--|---|--|---|---|--------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: 397552 | # of bedrooms: 3 | Sanitary Date: 4/19/00 | | |
| Permit Denied (Date): | | Reason for Denial: | | | | |
| Permit #: 160094 | Permit Date: 5-13-16 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | |
| Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Inspection Record: OK to sub | Inspected by: [Signature] | | Zoning District (R1) | | | |
| Date of Inspection: 4/25/16 | Inspected by: [Signature] | | Lakes Classification (1) | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) | | Date of Re-Inspection: | | | | |
| Must sub WDC | | | | | | |
| Signature of Inspector: [Signature] | Date of Approval: 5/12/16 | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> | | |